

Colorado Department of Public Health and Environment -Water Quality Control Division
Drinking Water Program - Compliance Assurance and Data Management Unit
4300 Cherry Creek Drive South, Denver, CO 80246-1530

DBP Form 5
Bromate and/or Chlorite Analysis Laboratory Report Form

Section I (to be completed by the Public Water Systems only)					Section II (to be completed by Laboratories only)				
Public Water System Information					Laboratory Information				
PWSID #									
System Name:					Laboratory Name				
Address:					Contact Person: Phone #:				
Contact Person: Phone #:					Comments:				
<div style="display: flex; justify-content: space-between;"> System Authorized Signature Title Date </div>					<div style="display: flex; justify-content: space-between;"> Laboratory Authorized Signature Title Date </div>				
BROMATE ANALYSIS									
PWS to complete first 3 columns			Laboratory to complete columns 4-10						
Sample Date	Collector	Sample Location Designation #	Date Lab Received	Date Lab Analyzed	Laboratory Sample ID #	Analytical Method	Lab MDL (mg/L)	Blank Result (mg/L)	Sample Result (mg/L)
CHLORITE ANALYSIS									
PWS to complete first 3 columns			Laboratory to complete columns 4-10						
Sample Date	Collector	Sample Location Designation #	Date Lab Received	Date Lab Analyzed	Laboratory Sample ID #	Analytical Method	Lab MDL (mg/L)	Blank Result (mg/L)	Sample Result (mg/L)
Instructions on Reverse									

INSTRUCTIONS FOR COMPLETING
Bromate and/or Chlorite Analysis Laboratory Report Form

Section I – To be Completed by the Public Water System Submitting the Samples to the Laboratory

1. PWSID #: Enter the Public Water System (PWS) Identification number assigned by CDPHE/WQCD.
2. System Name: Enter system legal name provided to CDPHE/WQCD when PWSID assigned.
3. Address: The PWS mailing address.
4. Contact Person: The person at the public water system who would be able to answer questions about these samples.
5. Phone: The phone number of the contact person.
6. System Authorized Signature: The person that signs the form must be the legal owner or authorized representative of the legal owner. This signature certifies that the information submitted is correct and consistent with the written monitoring plan. Include title and date signed.

Section II - To be Completed by the Laboratory Reporting Results

7. Laboratory Name: The name of the laboratory conducting the analyses.
8. Laboratory Contact: The name of the person at the laboratory that would be able to answer questions about these samples.
9. Laboratory Phone Number: The laboratory contact's phone number.
10. Laboratory Comments: Any relative comments with regards to the samples.
11. Authorized Signature: The person that signs the form must be the laboratory authorized representative. Include title and date authorized.

Abbreviations

NT:	Not Tested
B:	The analyte is found in the associated blank as well as in the sample.
µg/L:	Micrograms per Liter
mg/L:	Milligrams per Liter
MCL:	Maximum Contaminant Level
BDL:	Compound was analyzed, but the result was below the laboratory MDL
Lab MDL:	Laboratory Method Detection Limit
J:	Indicates the presence of a compound that meets the identification criteria, but the result is less than the practical quantitation limit (PQL) and greater than the Laboratory Method Detection Level (MDL). (Above the Lab MDL, but below the PQL.)